

Provider Inspection Summary
For the period 04/01/2003 to 03/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

Facility Information

Facility Name: RUNGES CBRF FOR DEVELOPMENTALLY DISABLED (310515)

Address: W3705 LOVELAND RD, ELKHORN, WI 53121

License Status: REGULAR

Licensed/Certified/Registered 04/09/1991

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0093825 **End Date:** 12/15/2004 **Type:** STANDARD **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009050 Served 12/23/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES		
83.14(5)	TRAINING NOT AFFILIATED WITH CBRF		
83.14(7)(b)	CONTINUING EDUCATION		
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS		

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Provider Inspection Summary
For the period 04/01/2003 to 03/31/2006
Community Based Residential Facility
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Survey ID: 0093031 End Date: 07/06/2004 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008729 Served 07/28/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	12/02/2004	No
83.14(5)	TRAINING NOT AFFILIATED WITH CBRF	12/02/2004	No
83.14(7)(b)	CONTINUING EDUCATION	12/02/2004	No
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	12/02/2004	No
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	12/02/2004	No
83.41(4)(b)	HEATING SYSTEM MAINTAINED SAFE	12/06/2004	Yes
83.41(5)(d)4	APPROVED WELLS WATER SAMPLED ANNUALLY	12/06/2004	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	12/02/2004	Yes
83.42(8)(b)	FIRE EXTINGUISHER	12/06/2004	Yes
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	12/02/2004	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	12/06/2004	Yes

Survey ID: 0091904 End Date: 01/27/2004 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008659 Served 02/04/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.037	LICENSING FEES FOR CBRF	06/15/2004	Yes
83.11(3)(a)	RESPONSIBILITIES	06/15/2004	No

Survey ID: 0091557 End Date: 11/12/2003 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008628 Served 11/21/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.07(3)	RESIDENCY OR SIGNATORY CHANGE	06/15/2004	Yes

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Community Based Residential Facility
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Enforcement History

Date: 12/22/2004 **SOD #10009050** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
FORFEITURE---83.14(5)
FORFEITURE---83.14(7)(b)
FORFEITURE---83.33(3)(a)

Date: 07/26/2004 **SOD #10008729** **Appealed: No**

Sanctions

NO NEW ADMISSIONS
FORFEITURE---83.14(5)
FORFEITURE---83.14(7)(b)
FORFEITURE---83.32(2)(c)1
FORFEITURE---83.33(3)(a)1
FORFEITURE---83.41(4)(b)
FORFEITURE---83.41(5)(d)4
FORFEITURE---83.42(3)(e)
FORFEITURE---83.42(8)(b)
FORFEITURE---83.43(3)(a)
FORFEITURE---83.43(3)(b)1

Date: 02/03/2004 **SOD #10008659** **Appealed: No**

Sanctions

NO NEW ADMISSIONS

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Provider Inspection Summary
For the period 04/01/2003 to 03/31/2006
Community Based Residential Facility
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Complaint History

Date Complaint Received: 12/30/2003

Date Investigation Completed: 07/06/2004

Subject Area(s)
RESIDENT RIGHTS
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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